





Media Credential Application

Media Informat	ion				
Media Organization/Com	oany				
Media Representative					
Address					
Phone	Ce	II Phone			
Date Form Completed	On-Site: / /200	09	200		N. N.
Accreditation C	ategory				
WP: Written Press	PJ: Photo Journalist	BTV: Broadcast TV	CTV: Cable TV	R: Radio O: Other	
De NA of		3243Z	A. A		
Media Coverag	e				
Please indicate below the	events or activities you are inte	erested in covering (see attach	ned Schedule of Events).		

Media guests are required to wear an official National Disabled Veterans Winter Sports Clinic Media Credential badge during the event.







